

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE
							APPLICANT(S)	
CLAIMS								
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.		↓		↓		↓	3	↓
TOTAL DEP.		←		←		←	58	←
TOTAL CLAIMS							61	

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMMENDMENTS

FORM PTO-1360 (REV. 3-78)

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